

| CJA 23 (Rev. 11/11) | | FINANCIAL AFFIDAVIT | | | | | | | | | | | |
|--|--|--|---|--|---|---|-------------------------|----------|----------|----------|----------|----------|----------|
| IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT, OR OTHER SERVICES WITHOUT PAYMENT OF FEE | | | | | | | | | | | | | |
| IN THE UNITED STATES <input type="checkbox"/> DISTRICT COURT <input type="checkbox"/> COURT OF APPEALS <input type="checkbox"/> OTHER (Specify below) | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="padding: 2px;">LOCATION NUMBER</th> </tr> <tr> <td style="height: 40px;"></td> </tr> </table> | | LOCATION NUMBER | | | | | | | | | |
| LOCATION NUMBER | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| IN THE CASE OF _____ v. _____ _____ | | FOR _____ AT _____ | | | | | | | | | | | |
| PERSON REPRESENTED (Show your full name) _____ | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="padding: 2px;">DOCKET NUMBERS</th> </tr> <tr> <td style="padding: 2px;">Magistrate Judge</td> </tr> <tr> <td style="padding: 2px;">District Court</td> </tr> <tr> <td style="padding: 2px;">Court of Appeals</td> </tr> </table> | | DOCKET NUMBERS | Magistrate Judge | District Court | Court of Appeals | | | | | | |
| DOCKET NUMBERS | | | | | | | | | | | | | |
| Magistrate Judge | | | | | | | | | | | | | |
| District Court | | | | | | | | | | | | | |
| Court of Appeals | | | | | | | | | | | | | |
| CHARGE/OFFENSE (describe if applicable & check box →) <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor | | 1 <input type="checkbox"/> Defendant - Adult 2 <input type="checkbox"/> Defendant - Juvenile 3 <input type="checkbox"/> Appellant 4 <input type="checkbox"/> Probation Violator 5 <input type="checkbox"/> Supervised Release Violator 5 <input type="checkbox"/> Habeas Petitioner 7 <input type="checkbox"/> 2255 Petitioner 8 <input type="checkbox"/> Material Witness 9 <input type="checkbox"/> Other (Specify) _____ | | | | | | | | | | | |
| ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY | | | | | | | | | | | | | |
| INCOME & ASSETS | EMPLOYMENT | Are you now employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Self-Employed Name and address of employer: _____ <table style="width: 100%;"> <tr> <td style="width: 50%;"> IF YES, how much do you earn per month? \$ _____ </td> <td style="width: 50%;"> IF NO, give month and year of last employment? _____ How much did you earn per month? \$ _____ </td> </tr> </table> | | IF YES , how much do you earn per month? \$ _____ | IF NO , give month and year of last employment? _____ How much did you earn per month? \$ _____ | | | | | | | | |
| | IF YES , how much do you earn per month? \$ _____ | IF NO , give month and year of last employment? _____ How much did you earn per month? \$ _____ | | | | | | | | | | | |
| | OTHER INCOME | Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input type="checkbox"/> No <table style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">RECEIVED</td> <td style="width: 50%; text-align: center;">SOURCES</td> </tr> <tr> <td> IF YES, give the amount received and identify the sources \$ _____ \$ _____ \$ _____ </td> <td> _____ _____ _____ </td> </tr> </table> | | RECEIVED | SOURCES | IF YES , give the amount received and identify the sources \$ _____ \$ _____ \$ _____ | _____ _____ _____ | | | | | | |
| | RECEIVED | SOURCES | | | | | | | | | | | |
| | IF YES , give the amount received and identify the sources \$ _____ \$ _____ \$ _____ | _____ _____ _____ | | | | | | | | | | | |
| CASH | Do you have any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES , total amount? \$ _____ | | | | | | | | | | | | |
| PROPERTY | Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input type="checkbox"/> No <table style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">VALUE</td> <td style="width: 50%; text-align: center;">DESCRIPTION</td> </tr> <tr> <td> IF YES, give value and description for each \$ _____ \$ _____ \$ _____ \$ _____ </td> <td> _____ _____ _____ _____ </td> </tr> </table> | | VALUE | DESCRIPTION | IF YES , give value and description for each \$ _____ \$ _____ \$ _____ \$ _____ | _____ _____ _____ _____ | | | | | | | |
| VALUE | DESCRIPTION | | | | | | | | | | | | |
| IF YES , give value and description for each \$ _____ \$ _____ \$ _____ \$ _____ | _____ _____ _____ _____ | | | | | | | | | | | | |
| DEPENDENTS | | <table style="width: 100%;"> <tr> <td style="width: 50%;"> MARITAL STATUS _____ Single _____ Married _____ Widowed _____ Separated or Divorced </td> <td style="width: 50%;"> Total No. of Dependents _____ _____ </td> </tr> </table> | | MARITAL STATUS _____ Single _____ Married _____ Widowed _____ Separated or Divorced | Total No. of Dependents _____ _____ | | | | | | | | |
| MARITAL STATUS _____ Single _____ Married _____ Widowed _____ Separated or Divorced | Total No. of Dependents _____ _____ | | | | | | | | | | | | |
| OBLIGATIONS & DEBTS | DEBTS & MONTHLY BILLS (Rent, utilities, loans, charge accounts, etc.) | DESCRIPTION | <table style="width: 100%;"> <tr> <th style="width: 60%;">TOTAL DEBT</th> <th style="width: 40%;">MONTHLY PAYMENT</th> </tr> <tr> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>\$ _____</td> <td>\$ _____</td> </tr> </table> | TOTAL DEBT | MONTHLY PAYMENT | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| TOTAL DEBT | MONTHLY PAYMENT | | | | | | | | | | | | |
| \$ _____ | \$ _____ | | | | | | | | | | | | |
| \$ _____ | \$ _____ | | | | | | | | | | | | |
| \$ _____ | \$ _____ | | | | | | | | | | | | |
| \$ _____ | \$ _____ | | | | | | | | | | | | |

I certify under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

Date